

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American Association for Homecare Political Action Committee (AAHOMECARE PAC)

ADDRESS (number and street)

2011 Crystal Drive, Ste 725

☒Check if different
than previously
reported. (ACC)

Arlington

VA

22202

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00357129

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report (Q1)☐July 15
Quarterly Report (Q2)☐October 15
Quarterly Report (Q3)☐January 31
Quarterly Report (YE)☐July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☒

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

06

10

2008

in the
State of

ME

(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

04

01

2008

through

05

21

2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Sue Mairena

Signature of Treasurer

Electronically Filed by Sue Mairena

Date

05

29

2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Association for Homecare Political Action Committee (AAHOMECARE PAC)

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	4	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	5	2	1	2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2008		32340.33
(b) Cash on Hand at Beginning of Reporting Period	56940.82	
(c) Total Receipts (from Line 19)	8986.86	37516.86
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	65927.68	69857.19
7. Total Disbursements (from Line 31)	7937.50	11867.01
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	57990.18	57990.18
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Association for Homecare Political Action Committee (AAHOMECARE PAC)

Report Covering the Period:

From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

To:

M	M
0	5

D	D
2	1

Y	Y	Y	Y
2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	8250.00	32575.00
(i) Itemized (use Schedule A)	0.00	1570.00
(ii) Unitemized	8250.00	34145.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	2500.00
(c) Other Political Committees (such as PACs)	8250.00	36645.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)		
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	736.86	871.86
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	8986.86	37516.86
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	8986.86	37516.86

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	437.50	867.01
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	437.50	867.01
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7000.00	10500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	500.00	500.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	500.00	500.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	7937.50	11867.01
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7937.50	11867.01

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	8250.00	36645.00
34. Total Contribution Refunds (from Line 28(d))	500.00	500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7750.00	36145.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	437.50	867.01
37. Offsets to Operating Expenditures (from Line 15, page 3)	736.86	871.86
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-299.36	-4.85

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 11

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Association for Homecare Political Action Committee (AAHOMECARE PAC)

A.

Full Name (Last, First, Middle Initial)

Mark Brazzale

Mailing Address 2204 N. Hillcrest Pkwy #2

City

Altoona

State

WI

Zip Code

54720

FEC ID number of contributing
federal political committee.

C

Name of Employer
Grace Home Respiratory In-
c.

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 4 / 2 0 0 8

Transaction ID: 80529.C610

Amount of Each Receipt this Period

2000.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Harvey Diamond

Mailing Address 99 Seaview Blvd

City

Port Washington

State

NY

Zip Code

11050

FEC ID number of contributing
federal political committee.

C

Name of Employer
Drive Medical

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 8 / 2 0 0 8

Transaction ID: 80529.C608

Amount of Each Receipt this Period

5000.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Thomas Ryan

Mailing Address 90 Yoakam Street

City

Farmingdale

State

NY

Zip Code

11735

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homecare Concepts

Occupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 4 / 2 0 0 8

Transaction ID: 80529.C609

Amount of Each Receipt this Period

1250.00

Receipt

SUBTOTAL of Receipts This Page (optional)

8250.00

TOTAL This Period (last page this line number only)

8250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 11

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Association for Homecare Political Action Committee (AAHOMECARE PAC)

A.

Full Name (Last, First, Middle Initial)

AAHomecare

Mailing Address 625 Slaters Lane
Suite 200

City State Zip Code
Alexandria VA 22314-

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

479.51

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 8 / 2 0 0 8

Transaction ID: 80529.C607

Amount of Each Receipt this Period

344.51

Offsets to Operating Expe-
nditu

B.

Full Name (Last, First, Middle Initial)

AAHomecare

Mailing Address 625 Slaters Lane
Suite 200

City State Zip Code
Alexandria VA 22314-

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

871.86

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 4 / 2 0 0 8

Transaction ID: 80529.C611

Amount of Each Receipt this Period

392.35

Offsets to Operating Expe-
nditu

SUBTOTAL of Receipts This Page (optional)

736.86

TOTAL This Period (last page this line number only)

736.86

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 8 / 11

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Association for Homecare Political Action Committee (AAHOMECARE PAC)

A.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address Po Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80529.E405

Date of Disbursement

04 / 21 / 2008

Amount of Each Disbursement this Period

4.50

CREDIT CARD PROCESSING FEE

B.

Full Name (Last, First, Middle Initial)

Nova Information Systems

Mailing Address 7300 Chapman Highway

City
Knoxville

State
TN

Zip Code
37920-

Purpose of Disbursement
Merchant Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80529.E406

Date of Disbursement

04 / 01 / 2008

Amount of Each Disbursement this Period

382.85

MERCHANT FEE

C.

Full Name (Last, First, Middle Initial)

Nova Information Systems

Mailing Address 7300 Chapman Highway

City
Knoxville

State
TN

Zip Code
37920-

Purpose of Disbursement
Merchant Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80529.E409

Date of Disbursement

05 / 01 / 2008

Amount of Each Disbursement this Period

40.15

MERCHANT FEE

SUBTOTAL of Disbursements This Page (optional)

427.50

TOTAL This Period (last page this line number only)

427.50

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Association for Homecare Political Action Committee (AAHOMECARE PAC)

A.

Full Name (Last, First, Middle Initial)

Salazar for Senate

Mailing Address PO Box 600

City
Denver

State
CO

Zip Code
80201-

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name
KEN SALAZAR

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☐ Primary ☐ General
☒ Other (specify) ▼
P-2010

State: CO District: 00

Transaction ID: 80529.E399

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

POLITICAL CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

Americas Leadership PAC

Mailing Address 607 14th Street NW Suite 800

City
Washington

State
DC

Zip Code
20005-

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80529.E400

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3000.00

POLITICAL CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

Collins For Senator

Mailing Address Po Box 1096

City
Bangor

State
ME

Zip Code
04402-

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name
SUSAN M COLLINS

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: ME District: 00

Transaction ID: 80529.E402

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

POLITICAL CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 / 11

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Association for Homecare Political Action Committee (AAHOMECARE PAC)

A. Full Name (Last, First, Middle Initial)
Stephanie Tubbs Jones for Congress

Mailing Address 3729 Silsby Rd

City Cleveland State OH Zip Code 44118-

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name
STEPHANIE TUBBS JONES

Office Sought: ☒ House
☐ Senate
☐ President

State: OH District: 11

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Transaction ID: 80529.E401

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

POLITICAL CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

7000.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 / 11

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Association for Homecare Political Action Committee (AAHOMECARE PAC)

A.

Full Name (Last, First, Middle Initial)

Daniel DeSimone

Mailing Address 470 Atlantic St

City Farmingdale State NY Zip Code 11735-

Purpose of Disbursement
Refund of Contribution Refund of contrib

Candidate Name

010
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80529.E407

Date of Disbursement

MM / DD / YYYY
04 / 14 / 2008

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

500.00

TOTAL This Period (last page this line number only)

500.00